



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH	\$0.33	\$0.33	5/1/2004
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	\$0.34	\$0.34	5/1/2004
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	\$0.35	\$0.35	5/1/2004
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	\$0.37	\$0.37	5/1/2004
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	BR	BR	3/1/1989
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	BR	BR	1/1/1993
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	BR	BR	1/1/1993
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	\$0.52	\$0.52	5/1/2004
A4215	NEEDLE, STERILE, ANY SIZE, EACH	\$0.02	\$0.02	5/1/2004
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	\$0.44	\$0.44	7/1/2004
A4217	STERILE WATER/SALINE, 500 ML	\$3.13	\$3.13	7/1/2004
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	BR	BR	1/1/2006
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	BR	BR	1/1/1994
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG	\$22.26	\$22.26	5/1/2004
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST	\$44.17	\$44.17	5/1/2004
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	BR	BR	1/1/2005
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	BR	BR	1/1/1996
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	BR	BR	1/1/1996
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	\$0.35	\$0.35	5/1/2004
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESS	\$0.80	\$0.80	4/1/2006
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLO	\$3.63	\$3.63	4/1/2006
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOS	\$2.34	\$2.34	4/1/2006
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD G	\$1.68	\$1.68	4/1/2006
A4244	ALCOHOL OR PEROXIDE, PER PINT	\$4.67	\$4.67	5/1/2004
A4245	ALCOHOL WIPES, PER BOX	\$7.26	\$7.26	5/1/2004
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	\$8.30	\$8.30	5/1/2004
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	\$6.74	\$6.74	5/1/2004
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	BR	BR	1/1/2004
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	BR	BR	3/1/1989
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50	\$36.17	\$36.17	5/1/2004
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	\$4.11	\$4.11	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	\$9.72	\$9.72	5/1/2004
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	\$12.75	\$12.75	5/1/2004
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	\$17.75	\$17.75	5/1/2004
A4259	LANCETS, PER BOX OF 100	\$12.06	\$12.06	5/1/2005
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	BR	BR	1/1/1999
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	BR	BR	1/1/1994
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	\$19.74	\$19.74	5/1/2004
A4265	PARAFFIN, PER POUND	\$3.39	\$3.39	5/1/2004
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	BR	BR	1/1/2003
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	BR	BR	1/1/2003
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	BR	BR	1/1/2003
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	BR	BR	1/1/2003
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	BR	BR	1/1/1994
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	\$4.84	\$4.84	5/1/2004
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	BR	BR	1/1/2003
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	\$104.86	\$104.86	5/1/2004
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	\$19.74	\$19.74	5/1/2004
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	BR	BR	1/1/1996
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	BR	BR	1/1/1993
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	BR	BR	1/1/1993
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	\$7.70	\$7.70	5/1/2004
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$14.68	\$14.68	5/1/2004
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$18.04	\$18.04	5/1/2004
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$18.52	\$18.52	5/1/2004
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	\$21.50	\$21.50	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY,	\$26.39	\$26.39	5/1/2004
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$28.40	\$28.40	5/1/2004
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$5.26	\$5.26	5/1/2004
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	BR	BR	1/1/1997
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	\$3.04	\$3.04	5/1/2004
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	\$10.79	\$10.79	5/1/2004
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	\$42.27	\$42.27	5/1/2004
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	\$10.45	\$10.45	5/1/2004
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	\$7.15	\$7.15	5/1/2004
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR	\$3.18	\$3.18	5/1/2004
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	\$0.12	\$0.12	5/1/2004
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	\$2.20	\$2.20	5/1/2004
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	\$4.93	\$4.93	5/1/2004
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	BR	BR	3/1/1989
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE,	\$12.26	\$12.26	5/1/2004
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	\$31.75	\$31.75	5/1/2004
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	\$16.02	\$16.02	5/1/2004
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	\$19.25	\$19.25	5/1/2004
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$2.02	\$2.02	5/1/2005
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON,	\$1.81	\$1.81	5/1/2004
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING	\$6.42	\$6.42	5/1/2004
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	\$7.00	\$7.00	5/1/2004
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$11.80	\$11.80	5/1/2004
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY	\$7.86	\$7.86	5/1/2004
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP	\$42.80	\$42.80	5/1/2004
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR	\$9.68	\$9.68	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS,	\$5.90	\$5.90	5/1/2004
A4361	OSTOMY FACEPLATE, EACH	\$18.37	\$18.37	5/1/2004
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	\$3.46	\$3.46	5/1/2004
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	\$2.20	\$2.20	4/1/2006
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	\$2.93	\$2.93	5/1/2004
A4365	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	\$11.32	\$11.32	5/1/2004
A4366	OSTOMY VENT, ANY TYPE, EACH	\$1.30	\$1.30	5/1/2004
A4367	OSTOMY BELT, EACH	\$7.35	\$7.35	5/1/2004
A4368	OSTOMY FILTER, ANY TYPE, EACH	\$0.26	\$0.26	5/1/2004
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	\$2.06	\$2.06	5/1/2004
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	\$3.60	\$3.60	5/1/2004
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONV	\$4.18	\$4.18	5/1/2004
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN	\$6.28	\$6.28	5/1/2004
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$17.18	\$17.18	5/1/2004
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$47.58	\$47.58	5/1/2004
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.29	\$4.29	5/1/2004
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$30.75	\$30.75	5/1/2004
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$15.02	\$15.02	5/1/2004
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$37.33	\$37.33	5/1/2004
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.61	\$4.61	5/1/2004
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$24.62	\$24.62	5/1/2004
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$28.19	\$28.19	5/1/2004
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$9.62	\$9.62	5/1/2004
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN	\$5.10	\$5.10	5/1/2004
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE),	\$3.97	\$3.97	5/1/2004
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$4.36	\$4.36	5/1/2004
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1	\$6.22	\$6.22	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$9.61	\$9.61	5/1/2004
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	\$7.07	\$7.07	5/1/2004
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN	\$8.18	\$8.18	5/1/2004
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$9.04	\$9.04	5/1/2004
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID	\$2.58	\$2.58	5/1/2004
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$0.05	\$0.05	5/1/2004
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	\$40.48	\$40.48	5/1/2004
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	\$4.07	\$4.07	5/1/2004
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	\$13.81	\$13.81	5/1/2004
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	\$12.26	\$12.26	5/1/2004
A4400	OSTOMY IRRIGATION SET	\$48.87	\$48.87	5/1/2004
A4402	LUBRICANT, PER OUNCE	\$1.60	\$1.60	5/1/2004
A4404	OSTOMY RING, EACH	\$1.53	\$1.53	5/1/2004
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	\$3.40	\$3.40	5/1/2004
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$5.74	\$5.74	5/1/2004
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED	\$8.76	\$8.76	5/1/2004
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.87	\$9.87	5/1/2004
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$6.22	\$6.22	5/1/2004
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.04	\$9.04	5/1/2004
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVE	\$5.10	\$5.10	4/1/2006
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$2.70	\$2.70	4/1/2006
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$5.50	\$5.50	5/1/2004
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$4.93	\$4.93	5/1/2004
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$6.00	\$6.00	5/1/2004
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$2.75	\$2.75	5/1/2004
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$3.72	\$3.72	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.81	\$1.81	5/1/2004
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	\$1.74	\$1.74	5/1/2004
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	BR	BR	1/1/2004
A4421	OSTOMY SUPPLY; MISCELLANEOUS	BR	BR	5/1/2005
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO	\$0.12	\$0.12	5/1/2004
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$1.86	\$1.86	5/1/2004
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$4.75	\$4.75	5/1/2004
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	\$3.58	\$3.58	5/1/2004
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE	\$2.73	\$2.73	5/1/2004
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$2.78	\$2.78	5/1/2004
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE	\$6.51	\$6.51	5/1/2004
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$8.25	\$8.25	5/1/2004
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$8.52	\$8.52	5/1/2004
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE	\$6.22	\$6.22	5/1/2004
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	\$3.59	\$3.59	5/1/2004
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$3.34	\$3.34	5/1/2004
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE	\$3.76	\$3.76	5/1/2004
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	\$0.09	\$0.09	5/1/2005
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.36	\$0.36	5/1/2005
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	\$1.22	\$1.22	5/1/2004
A4458	ENEMA BAG WITH TUBING, REUSABLE	BR	BR	1/1/2003
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	\$3.29	\$3.29	1/1/2007
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	\$13.31	\$13.31	4/1/2007
A4465	NON-ELASTIC BINDER FOR EXTREMITY	BR	BR	1/1/1994
A4470	GRAVLEE JET WASHER	BR	BR	3/1/1989
A4480	VABRA ASPIRATOR	BR	BR	3/1/1989
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	\$0.38	\$0.38	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	BR	BR	1/1/1999
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	BR	BR	10/1/1982
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	BR	BR	10/1/1982
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	BR	BR	3/1/1989
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	BR	BR	10/1/1982
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	BR	BR	1/1/2005
A4550	SURGICAL TRAYS	\$19.74	\$19.74	5/1/2004
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	BR	BR	10/1/1982
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	\$12.14	\$12.14	5/1/2004
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	\$17.94	\$17.94	5/1/2004
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER	\$5.45	\$5.45	5/1/2004
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	\$0.10	\$0.10	4/1/2007
A4561	PESSARY, RUBBER, ANY TYPE	\$18.63	\$18.63	5/1/2004
A4562	PESSARY, NON RUBBER, ANY TYPE	\$46.38	\$46.38	5/1/2004
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	BR	BR	1/1/1996
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	\$28.35	\$28.35	5/1/2004
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	BR	BR	1/1/2007
A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT	BR	BR	1/1/2007
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEV	\$66.81	\$66.81	4/1/2006
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	\$16.40	\$16.40	5/1/2005
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	BR	BR	1/1/2003
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	\$58.15	\$58.15	5/1/2004
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	\$166.98	\$166.98	5/1/2004
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$79.93	\$79.93	5/1/2004
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$144.21	\$144.21	5/1/2004
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	\$23.78	\$23.78	5/1/2004
A4615	CANNULA, NASAL	\$5.28	\$5.28	5/1/2004
A4616	TUBING (OXYGEN), PER FOOT	\$0.32	\$0.32	5/1/2004
A4617	MOUTH PIECE	\$5.13	\$5.13	5/1/2004
A4618	BREATHING CIRCUITS	\$7.56	\$7.56	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4619	FACE TENT	\$1.21	\$1.21	5/1/2004
A4620	VARIABLE CONCENTRATION MASK	\$28.52	\$28.52	5/1/2004
A4623	TRACHEOSTOMY, INNER CANNULA	\$5.57	\$5.57	5/1/2004
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	\$2.63	\$2.63	5/1/2004
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	\$6.58	\$6.58	5/1/2004
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	\$2.71	\$2.71	5/1/2004
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE	\$16.62	\$16.62	5/1/2004
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	\$3.65	\$3.65	5/1/2004
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$4.61	\$4.61	5/1/2004
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR	\$6.19	\$6.19	5/1/2004
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	\$41.04	\$41.04	5/1/2004
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	BR	BR	1/1/2003
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	\$4.35	\$4.35	5/1/2004
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	\$3.58	\$3.58	5/1/2004
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	\$1.81	\$1.81	5/1/2004
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	BR	BR	1/1/2004
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	\$287.21	\$287.21	5/1/2004
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD	\$53.82	\$53.82	5/1/2004
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/1994
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	\$1,507.50	\$1,507.50	5/1/2004
A4649	SURGICAL SUPPLY; MISCELLANEOUS	BR	BR	3/1/1989
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	BR	BR	1/1/2002
A4652	MICROCAPILLARY TUBE SEALANT	BR	BR	1/1/2002
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	BR	BR	1/1/2003
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	\$0.52	\$0.52	5/1/2004
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	BR	BR	8/1/1993
A4663	BLOOD PRESSURE CUFF ONLY	BR	BR	3/1/1989
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	BR	BR	3/1/1989
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	BR	BR	1/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	BR	BR	1/1/2004
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	BR	BR	1/1/2004
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER	BR	BR	1/1/2004
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR	BR	1/1/2002
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	BR	BR	1/1/2002
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR	BR	1/1/2002
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR	BR	1/1/2002
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL	BR	BR	3/1/1989
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	BR	BR	1/1/2002
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	BR	BR	1/1/2004
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	BR	BR	1/1/2002
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	BR	BR	1/1/2002
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH	BR	BR	3/1/1989
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH	\$8.30	\$8.30	5/1/2004
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH	BR	BR	3/1/1989



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET	BR	BR	3/1/1989
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML	BR	BR	1/1/2002
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	\$10.37	\$10.37	5/1/2004
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	BR	BR	3/1/1989
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50	\$31.63	\$31.63	5/1/2004
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50	BR	BR	3/1/1989
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	BR	BR	3/1/1989
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	BR	BR	1/1/2002
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10	BR	BR	3/1/1989
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT	BR	BR	10/1/1982
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT	BR	BR	3/1/1989
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	BR	BR	1/1/2002
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED	BR	BR	3/1/1989
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4927	GLOVES, NON-STERILE, PER 100	\$10.00	\$10.00	5/1/2004
A4928	SURGICAL MASK, PER 20	BR	BR	1/1/2002
A4929	TOURNIQUET FOR DIALYSIS, EACH	BR	BR	1/1/2002
A4930	GLOVES, STERILE, PER PAIR	BR	BR	1/1/2003
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	BR	BR	1/1/2003
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	BR	BR	1/1/2003
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	\$2.07	\$2.07	5/1/2004
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$1.49	\$1.49	5/1/2004
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	\$1.48	\$1.48	5/1/2004
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$1.79	\$1.79	5/1/2004
A5055	STOMA CAP	\$1.39	\$1.39	5/1/2004
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	\$3.52	\$3.52	5/1/2004
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$2.09	\$2.09	5/1/2004
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	\$2.70	\$2.70	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	\$6.01	\$6.01	5/1/2004
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$3.43	\$3.43	5/1/2004
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$3.03	\$3.03	5/1/2004
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	\$2.81	\$2.81	5/1/2004
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	\$10.11	\$10.11	5/1/2004
A5093	OSTOMY ACCESSORY; CONVEX INSERT	\$1.95	\$1.95	5/1/2004
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	\$19.53	\$19.53	5/1/2004
A5105	URINARY SUSPENSORY; WITH OR WITHOUT LEG BAG, WITH OR WITHOUT TUBE, EACH	\$40.76	\$40.76	5/1/2004
A5112	URINARY LEG BAG; LATEX	\$34.62	\$34.62	5/1/2004
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	\$4.70	\$4.70	5/1/2004
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	\$8.94	\$8.94	5/1/2004
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	\$0.22	\$0.22	4/1/2006
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	\$6.34	\$6.34	5/1/2004
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	\$12.85	\$12.85	5/1/2004
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	\$1.32	\$1.32	5/1/2004
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	\$13.48	\$13.48	5/1/2004
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	\$11.29	\$11.29	5/1/2004
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$59.36	\$59.36	5/1/2005
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND	\$178.04	\$178.04	5/1/2005
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$26.40	\$26.40	5/1/2005
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$26.40	\$26.40	5/1/2005
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$26.40	\$26.40	5/1/2005
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$26.40	\$26.40	5/1/2005
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	\$26.40	\$26.40	5/1/2005
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR	BR	BR	1/1/2000
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT	BR	BR	1/1/2002



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	\$30.96	\$30.96	5/1/2004
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	\$2.28	\$2.28	5/1/2004
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	\$21.02	\$21.02	5/1/2004
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48	\$21.02	\$21.02	5/1/2004
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	\$190.30	\$190.30	5/1/2004
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	\$6.19	\$6.19	5/1/2004
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	BR	BR	1/1/1997
A6154	WOUND POUCH, EACH	\$14.36	\$14.36	5/1/2004
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR	\$7.35	\$7.35	5/1/2004
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16	\$16.44	\$16.44	5/1/2004
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48	BR	BR	1/1/1997
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES	\$5.29	\$5.29	5/1/2004
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH	\$9.50	\$9.50	5/1/2004
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48	\$20.80	\$20.80	5/1/2004
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER,	\$34.88	\$34.88	5/1/2004
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER,	\$3.35	\$3.35	5/1/2004
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48	\$6.23	\$6.23	5/1/2004
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE	BR	BR	1/1/1997
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	BR	BR	1/1/1997
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	\$7.34	\$7.34	5/1/2004
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	BR	BR	1/1/1997
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$7.48	\$7.48	5/1/2004
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	\$19.92	\$19.92	5/1/2004
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	\$29.37	\$29.37	5/1/2004
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE	\$9.70	\$9.70	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	BR	BR	1/1/1997
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE	\$10.29	\$10.29	5/1/2004
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	BR	BR	1/1/1997
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$0.05	\$0.05	5/1/2004
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	BR	BR	1/1/1997
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	BR	BR	1/1/1997
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE	\$0.95	\$0.95	5/1/2004
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	\$2.58	\$2.58	5/1/2004
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE	BR	BR	1/1/1997
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE	\$2.13	\$2.13	5/1/2004
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE	\$2.42	\$2.42	5/1/2004
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE	\$3.61	\$3.61	5/1/2004
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS,	BR	BR	1/1/1997
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT	\$3.61	\$3.61	5/1/2004
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN.,	BR	BR	1/1/1997
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR	\$4.68	\$4.68	5/1/2004
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN	\$6.88	\$6.88	5/1/2004
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48	\$19.19	\$19.19	5/1/2004
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$6.54	\$6.54	5/1/2004
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$16.82	\$16.82	5/1/2004
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	\$27.25	\$27.25	5/1/2004
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	\$7.91	\$7.91	5/1/2004
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$22.79	\$22.79	5/1/2004
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY	BR	BR	1/1/1997
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	\$12.24	\$12.24	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	\$2.57	\$2.57	5/1/2004
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$6.07	\$6.07	5/1/2004
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	\$12.31	\$12.31	5/1/2004
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	\$39.28	\$39.28	5/1/2004
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	\$7.27	\$7.27	5/1/2004
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	\$9.92	\$9.92	5/1/2004
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE	\$23.78	\$23.78	5/1/2004
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	\$16.24	\$16.24	5/1/2004
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	BR	BR	1/1/1997
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS,	\$1.99	\$1.99	5/1/2004
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT	\$3.25	\$3.25	5/1/2004
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.,	\$6.34	\$6.34	5/1/2004
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH	\$1.21	\$1.21	5/1/2004
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT	\$3.03	\$3.03	5/1/2004
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH	BR	BR	1/1/1997
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	\$1.53	\$1.53	5/1/2004
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.,	\$4.30	\$4.30	5/1/2004
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	\$10.94	\$10.94	5/1/2004
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	BR	BR	1/1/1997
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED	BR	BR	1/1/1997
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	BR	BR	1/1/1997
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH,	\$1.92	\$1.92	5/1/2004
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$0.12	\$0.12	5/1/2004
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR	\$0.43	\$0.43	5/1/2004
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	BR	BR	1/1/1997



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	\$1.88	\$1.88	5/1/2004
A6410	EYE PAD, STERILE, EACH	\$0.39	\$0.39	5/1/2004
A6411	EYE PAD, NON-STERILE, EACH	BR	BR	1/1/2003
A6412	EYE PATCH, OCCLUSIVE, EACH	BR	BR	1/1/2003
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR	\$0.67	\$0.67	5/1/2004
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN	\$0.17	\$0.17	5/1/2004
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.29	\$0.29	5/1/2004
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.56	\$0.56	5/1/2004
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE	\$0.32	\$0.32	5/1/2004
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	\$0.41	\$0.41	5/1/2004
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	\$0.67	\$0.67	5/1/2004
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE	\$1.16	\$1.16	5/1/2004
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	\$1.75	\$1.75	5/1/2004
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	BR	BR	1/1/2004
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25	BR	BR	1/1/2004
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN	\$5.91	\$5.91	5/1/2004
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE	\$0.61	\$0.61	5/1/2004
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	\$0.77	\$0.77	5/1/2004
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	\$1.39	\$1.39	5/1/2004
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN	\$1.28	\$1.28	5/1/2004
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	\$1.14	\$1.14	1/1/2006
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	BR	BR	1/1/2003



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	BR	BR	1/1/2003
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	BR	BR	1/1/2003
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	BR	BR	1/1/2003
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	BR	BR	1/1/2003
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	BR	BR	1/1/2003
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	BR	BR	1/1/2003
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	BR	BR	1/1/2003
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST),	BR	BR	1/1/2003
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	BR	BR	1/1/2003
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM	BR	BR	1/1/2003
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2003
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	BR	BR	1/1/2006
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES AL	\$27.42	\$27.42	5/1/2004
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$9.54	\$9.54	5/1/2004
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$33.08	\$33.08	5/1/2004
A7002	TUBING, USED WITH SUCTION PUMP, EACH	\$3.83	\$3.83	5/1/2004
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$2.74	\$2.74	5/1/2004
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	\$1.80	\$1.80	5/1/2004
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$30.83	\$30.83	5/1/2004
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	\$9.54	\$9.54	5/1/2004
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	\$4.61	\$4.61	5/1/2004
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	\$11.00	\$11.00	5/1/2004
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	\$42.04	\$42.04	5/1/2004
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	\$23.59	\$23.59	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	BR	BR	1/1/2000
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	\$3.78	\$3.78	5/1/2004
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	\$0.83	\$0.83	5/1/2004
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$4.49	\$4.49	5/1/2004
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	\$1.88	\$1.88	5/1/2004
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	\$7.25	\$7.25	5/1/2004
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH	\$134.04	\$134.04	5/1/2004
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	\$0.38	\$0.38	5/1/2004
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH	\$434.94	\$434.94	5/1/2004
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH	\$28.75	\$28.75	5/1/2004
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$188.64	\$188.64	5/1/2004
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	\$69.77	\$69.77	5/1/2004
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	\$40.53	\$40.53	5/1/2004
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	\$28.41	\$28.41	5/1/2004
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE	\$117.64	\$117.64	5/1/2004
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$39.75	\$39.75	5/1/2004
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$18.20	\$18.20	5/1/2004
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$41.02	\$41.02	5/1/2004
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$5.39	\$5.39	5/1/2004
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$15.33	\$15.33	5/1/2004
A7040	ONE WAY CHEST DRAIN VALVE	\$36.86	\$36.86	5/1/2005
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	\$69.26	\$69.26	5/1/2005
A7042	IMPLANTED PLEURAL CATHETER, EACH	\$163.54	\$163.54	5/1/2004
A7043	VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER	\$23.18	\$23.18	5/1/2004
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$120.91	\$120.91	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	\$19.47	\$19.47	5/1/2005
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE,	\$19.51	\$19.51	5/1/2004
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	\$105.03	\$105.03	5/1/2004
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	\$49.91	\$49.91	5/1/2004
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND	\$11.33	\$11.33	5/1/2004
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	\$0.67	\$0.67	5/1/2004
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE	\$4.68	\$4.68	5/1/2004
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH	\$0.33	\$0.33	5/1/2004
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA	\$2.49	\$2.49	5/1/2004
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE	\$2.87	\$2.87	5/1/2004
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A	\$1.41	\$1.41	5/1/2004
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON- CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE	\$47.48	\$47.48	5/1/2004
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR	\$47.05	\$47.05	5/1/2004
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND	\$45.16	\$45.16	5/1/2004
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	BR	BR	1/1/2004
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	\$77.40	\$77.40	5/1/2004
A7525	TRACHEOSTOMY MASK, EACH	\$2.07	\$2.07	5/1/2004
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	\$3.37	\$3.37	5/1/2004
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	\$3.58	\$3.58	5/1/2005
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$153.35	\$153.35	1/1/2007
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$153.35	\$153.35	1/1/2007
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	BR	BR	1/1/2007
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	BR	BR	1/1/2007
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	BR	BR	1/1/2007
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	BR	BR	1/1/2006
A9300	EXERCISE EQUIPMENT	BR	BR	1/1/1993



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	\$115.29	\$115.29	5/1/2004
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	\$108.00	\$108.00	5/1/2004
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$39.60	\$39.60	5/1/2004
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	\$450.00	\$450.00	5/1/2004
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	\$29.49	\$29.49	5/1/2004
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	\$2,076.75	\$2,076.75	5/1/2004
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$1,080.00	\$1,080.00	5/1/2004
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$54.00	\$54.00	5/1/2004
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2003
A9516	IODINE I-123 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER 100 MICROCURIES	BR	BR	1/1/2003
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2003
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2003
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	BR	BR	1/1/2003
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	BR	BR	1/1/2004
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$10.11	\$10.11	1/1/2007
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2004
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2004
A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2004
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	BR	BR	1/1/2004
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	BR	BR	1/1/2004
A9535	INJECTION, METHYLENE BLUE, 1 ML	BR	BR	1/1/2006
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	BR	BR	1/1/2006
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	BR	BR	1/1/2006
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	BR	BR	1/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2006
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	BR	BR	1/1/2006
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	BR	BR	1/1/2006
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	BR	BR	1/1/2006
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MIL	BR	BR	1/1/2006
A9544	IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE	BR	BR	1/1/2006
A9545	IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE	BR	BR	1/1/2006
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	BR	BR	1/1/2006
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	BR	BR	1/1/2006
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	BR	BR	1/1/2006
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	BR	BR	1/1/2006
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	BR	BR	1/1/2006
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	BR	BR	1/1/2006
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	BR	BR	1/1/2006
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	BR	BR	1/1/2006
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	BR	BR	1/1/2006
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2006
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2006
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	BR	BR	1/1/2006
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	BR	BR	1/1/2006
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	BR	BR	1/1/2006
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	BR	BR	1/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	BR	BR	1/1/2006
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2006
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2006
A9565	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2006
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2006
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	BR	BR	1/1/2006
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$1,942.20	\$1,942.20	1/1/2007
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	\$912.71	\$912.71	5/1/2004
A9605	SAMARIUM SM-153 LEXIDRONAMM, THERAPEUTIC, PER 50 MILLICURIES	\$966.32	\$966.32	5/1/2004
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	BR	BR	1/1/2006
A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2003
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	BR	BR	1/1/2001
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS C	BR	BR	1/1/2000
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	BR	BR	1/1/2000
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	BR	BR	1/1/2004
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	BR	BR	1/1/2004
E1637	HEMOSTATS, EACH	BR	BR	1/1/2002
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT	\$149.65	\$149.65	4/1/2006
K0535	GAUZ,IMPREGNATED,HYDROGEL,FOR DIRECT WOUND CONTACT,PAD SIZE 16SQ IN OR LESS W/O	BR	BR	7/1/2000
K0536	GAUZE,IMPREGNATED,HYDROGEL,FOR DIRECT WOULD CONTACT,PAD SIZEMORE>16SQ<48SQ IN	BR	BR	7/1/2000
K0537	GAUZE,IMPREGNATED,HYDROGEL,FOR DIRECT WOUND CONTACT,PAD>48SQINCHES W/O ADHESIVE	BR	BR	7/1/2000
Q0116	HEMOGLOBIN BY SINGLE ANALYTE INSTRUMENTS WITH SELF-CONTAINED OR COMPONENT FEATUR	BR	BR	1/1/1994
Q0188	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	BR	BR	1/1/2002



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$70,907.06	\$70,907.06	11/1/2005
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEV.-REPLAC	\$11,440.02	\$11,440.02	11/1/2005
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMB. VENTRICULAR AS	\$3,583.23	\$3,583.23	11/1/2005
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	\$14,761.30	\$14,761.30	11/1/2005
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASSIST	\$2,866.60	\$2,866.60	11/1/2005
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELEC. VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$276.77	\$276.77	11/1/2005
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEV. REPLAC	\$230.35	\$230.35	11/1/2005
Q0487	LEADS (PHEUMTIC/ELEC) FOR USE WITH ANY TYPE ELEC/PNEUMATIC VENTRICULAR DEVICE	\$268.74	\$268.74	11/1/2005
Q0488	POWER PACK BASE FOR USE WITH ELEC. VENTRICULAR ASSIST DEVICEREPLACEMENT ONLY	BR	BR	11/1/2005
Q0489	POWER PACK BASE FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEME	\$12,797.26	\$12,797.26	11/1/2005
Q0490	EMERG POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$553.54	\$553.54	11/1/2005
Q0491	EMERG. POWER SOURCE FOR USE WITH ELEC/PHEUMATIC VENTRICULAR ASSIST DEVICE	\$870.24	\$870.24	11/1/2005
Q0493	EMERG. POWER SUPPLY CABLE FOR USE WITH ELEC/PHEUMONIC VENTRICULAR ASSIST DEVICE	\$199.64	\$199.64	11/1/2005
Q0494	EMERG. HAND PUMP FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$168.93	\$168.93	11/1/2005
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASST	\$3,288.56	\$3,288.56	11/1/2005
Q0496	BATTERY FOR USE WITH ELEC. OR ELEC/PHEUMATIC ASSIST DEVICE, REPLACEMENT ONLY	\$1,180.32	\$1,180.32	11/1/2005
Q0497	BATTERY CLIPS FOR USE WITH ELEC. OR ELEC./PNEUMATIC VENTRICULAR ASSIST DEVICE	\$368.56	\$368.56	11/1/2005
Q0498	HOLSTER FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$404.39	\$404.39	11/1/2005
Q0499	BELT/VEST FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASST. DEV-REPLACEMENT	\$131.39	\$131.39	11/1/2005
Q0500	FILTERS FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASSIST DEV. REPLACEMENT	\$24.04	\$24.04	11/1/2005
Q0501	SHOWER COVER FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICUL AR ASSIST DEV-REPLAC	\$402.07	\$402.07	11/1/2005



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE-REPLACEMENT ONLY	\$511.88	\$511.88	11/1/2005
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	\$1,023.78	\$1,023.78	11/1/2005
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE	\$540.23	\$540.23	11/1/2005
Q0505	MISC. SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIST DEVICE	BR	BR	11/1/2005
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	BR	BR	1/1/2001
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	\$34.78	\$34.78	5/1/2004
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	\$131.44	\$131.44	5/1/2004
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	\$24.98	\$24.98	5/1/2004
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$86.48	\$86.48	5/1/2004
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	\$9.21	\$9.21	5/1/2004
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$20.76	\$20.76	5/1/2004
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$4.61	\$4.61	5/1/2004
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$10.38	\$10.38	5/1/2004
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	\$6.14	\$6.14	5/1/2004
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$13.84	\$13.84	5/1/2004
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$3.07	\$3.07	5/1/2004
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$6.92	\$6.92	5/1/2004
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	\$11.18	\$11.18	5/1/2004
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	\$18.88	\$18.88	5/1/2004
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), PLASTER	\$5.59	\$5.59	5/1/2004
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$9.44	\$9.44	5/1/2004
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$6.47	\$6.47	5/1/2004
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$10.32	\$10.32	5/1/2004
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$3.24	\$3.24	5/1/2004
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$5.16	\$5.16	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$4.79	\$4.79	5/1/2004
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$8.64	\$8.64	5/1/2004
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$2.40	\$2.40	5/1/2004
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$4.32	\$4.32	5/1/2004
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	\$26.86	\$26.86	5/1/2004
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	\$83.85	\$83.85	5/1/2004
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	\$13.43	\$13.43	5/1/2004
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$41.93	\$41.93	5/1/2004
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	\$20.53	\$20.53	5/1/2004
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$54.05	\$54.05	5/1/2004
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$10.27	\$10.27	5/1/2004
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$27.03	\$27.03	5/1/2004
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	\$19.15	\$19.15	5/1/2004
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$47.65	\$47.65	5/1/2004
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$9.58	\$9.58	5/1/2004
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$23.83	\$23.83	5/1/2004
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	\$11.69	\$11.69	5/1/2004
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$29.27	\$29.27	5/1/2004
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$5.85	\$5.85	5/1/2004
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$14.64	\$14.64	5/1/2004
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	BR	BR	7/1/2001
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$24.25	\$24.25	5/1/2004
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$7.10	\$7.10	5/1/2004
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$12.13	\$12.13	5/1/2004
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$8.25	\$8.25	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$13.27	\$13.27	5/1/2004
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$4.12	\$4.12	5/1/2004
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$6.64	\$6.64	5/1/2004
Q4049	FINGER SPLINT, STATIC	\$1.50	\$1.50	5/1/2004
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	BR	BR	7/1/2001
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS,	BR	BR	7/1/2001
Q4078	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N-13, PER DOSE	BR	BR	10/1/2003
Q9945	LOW OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.29	\$0.29	4/1/2006
Q9946	LOW OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	\$1.83	\$1.83	4/1/2006
Q9947	LOW OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$1.24	\$1.24	4/1/2006
Q9948	LOW OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$0.32	\$0.32	4/1/2006
Q9949	LOW OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	\$0.36	\$0.36	4/1/2006
Q9950	LOW OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION PER ML	\$0.23	\$0.23	4/1/2006
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	BR	BR	4/1/2005
Q9952	INJECTION, GADOLMIUM-BASED MAGNETIC RESONANCE CONTRAST AGENTPER ML	\$2.89	\$2.89	4/1/2006
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	\$30.41	\$30.41	4/1/2006
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$8.98	\$8.98	4/1/2006
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT)	\$13.25	\$13.25	5/1/2005
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	\$40.42	\$40.42	4/1/2006
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$61.89	\$61.89	4/1/2006
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.07	\$0.07	4/1/2007
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC.	BR	BR	7/1/2005
Q9960	HIGH OSMOLAR CONTRAST METERIAL, 200-249 MG/ML IODINE CONCECENTRATION PER ML	\$0.10	\$0.10	4/1/2007
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.19	\$0.19	4/1/2007
Q9962	HIGH OSMOLAR CONTRAST METERIAL, 300-349 MG/ML IODINE CONCENTRATIONM PER ML	\$0.13	\$0.13	4/1/2007



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
Q9963	HIGH OSMOLAR CONTRAST METERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.40	\$0.40	4/1/2007
Q9964	HIGH OLMOLAR CONTRAST METERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	\$0.19	\$0.19	4/1/2007